



Town of Reading
16 Lowell Street
Reading, MA 01867-2683

Melissa Koster, LSW
Elder/Human Services
Phone: (781) 942-6680
Fax: (781) 942-9071

Enclosed is information about an important program that Reading Elder Human Services is doing cooperatively with the Reading Fire Department.

The Knox Box is a home safety program designed to help people be more secure in their home.

The purpose of this program is to provide a secure way for Reading Fire Department personnel to access a person's home who may have frequent need to call the Fire Department for assistance. For example, a person may be ill or have fallen and has called 911 for emergency assistance but can not open the door. The Knox Box will permit the Fire Fighters/EMTs to enter the home without having to damage doors or windows in order to gain access.

The Knox Box is a sturdy well-built unit that is attached with two small screws to the top edge of the home's main entrance door, or may be hung from the top of the door. You need to supply Reading Fire Department with a home key. That will be placed inside the Knox Box that will open the main entrance door. Only Emergency Medical Technicians -EMTs -from the Reading Fire Department are able to open the Knox Box.

Fire Department personnel will install the Box. The client provides a key to be placed in the Box. The Knox Box will be removed by the Reading fire Department when no longer needed.

We are enclosing a permission slip so Reading Fire Department may install the Knox Box. Please return the signed permission slip to Reading Elder Human Services, to the attention of Melissa Koster, Social Worker, if you wish to be put on the waiting list for installation of a Knox Box.

If you would like to make a donation it would be greatly appreciated. The money will be used to make Knox Boxes available to more people.

Please call Melissa Koster Social Worker, at Reading Elder Services at 781- 942-6680 if you have additional questions about this safety program.



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Social Worker
Elder/Human Services
Phone: 781-942-6680
Fax: 781-942-9071
mkoster@ci.reading.ma.us

Permission to Install Knox Box

I, _____

grant permission to Reading Elder Human Services and the Reading Fire Department to
install a KNOX BOX to the exterior door of my residence at:

My telephone number is _____.

This KNOX BOX is installed to allow rescue personnel to enter in an
emergency and only the Reading Fire Department has access to the KNOX BOX
and can open the door.

It is understood that the KNOX BOX is the property of Reading Elder Human Services. When it
no longer needed, the Reading Fire Department will remove the KNOX BOX .

I further understand that I, or my designee, will notify Elder Services when the KNOX BOX is
no longer needed.

Emergency contact:

Name _____

Address _____

Phone number _____

Relationship _____

Do you have a spare door key to be placed in the KNOX BOX ? Yes _____ No _____

Signature _____ Date _____

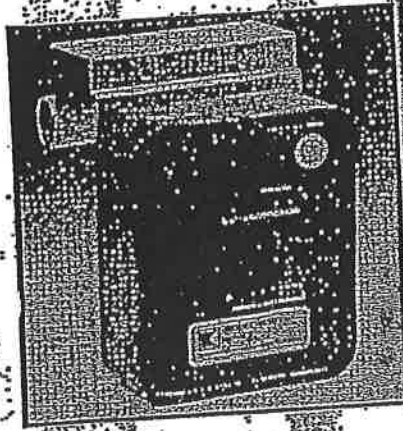
For Office Use Only:

Date Installed _____ Date Removed _____

MEDICAL EMERGENCY ACCESS

THE LIFESAVING BOX

1650-DH "RESPONDER" KNOX-BOX®

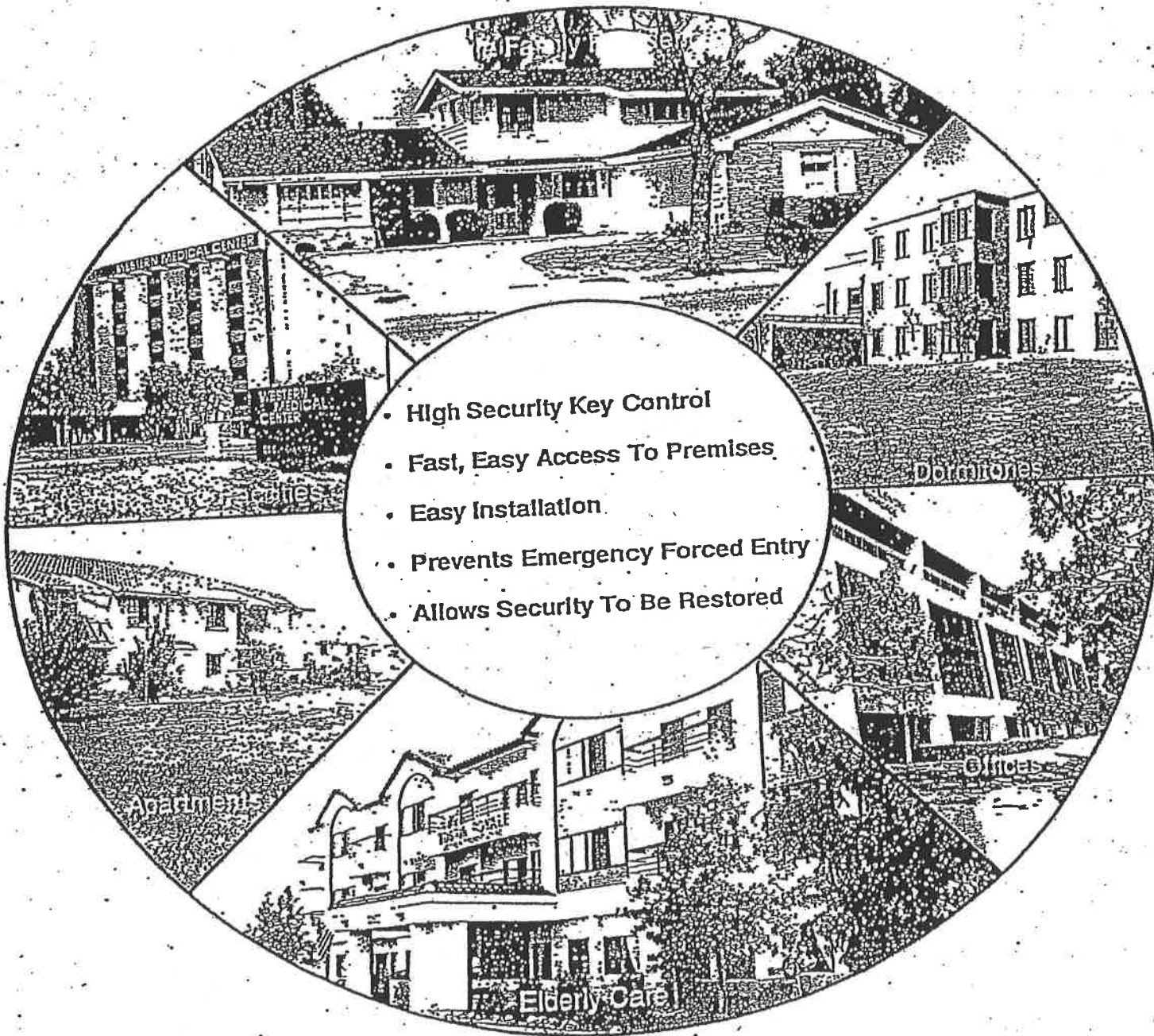


- Prevents Emergency Forced Entry
- Provides Security for Entrance Keys
- Gives Emergency Personnel Immediate Access
- Eliminates The Need For A Secondary Source Of Entry



THE LIFESAVING BOX

1650-DH "RESPONDER" Knox-Box®



EMERGENCY ACCESS SYSTEMS, INC. P.O. Box 1811, Kingston, RI 02881
Telephone 401-295-7707

READING

9-1-1 DISABILITY INDICATOR FORM – Individual Record

The filing of this document with your 9-1-1 Municipal Coordinator will alert public safety officials that an individual residing at your address communicates over the phone by a TTY and/or has a disability that may hinder evacuation or transport.

This information is confidential and will only appear at the dispatcher's location when a 9-1-1 call originates from your address.

Telephone Number: Area Code (_____) _____ ☐ Voice ☐ TTY

Name: _____

Address: _____

Town/City/Zip: _____

The following are approved designations for inclusion in the 9-1-1 Database to assist public safety dispatchers in responding to an emergency at your address.

Any changes should be communicated to your 9-1-1 Municipal Coordinator promptly.

- ☐ **"LSS" Life Support System:** Alerts the public safety dispatcher that someone at that address is linked to equipment required to sustain their life.
- ☐ **"MI" Mobility Impaired:** Alerts the public safety dispatcher that someone at that address is bedridden, uses a wheelchair or has another mobility impairment.
- ☐ **"B" Blind:** Alerts the public safety dispatcher that someone at that address is legally blind.
- ☐ **"DHH" Deaf and Hard of Hearing:** Alerts the public safety dispatcher that someone at that address is deaf or hard of hearing.
- ☐ **"TTY" Teletypewriter:** Alerts the public safety dispatcher that communication via the telephone with someone at that address may be by TTY.
- ☐ **"SI" Speech Impaired:** Alerts the public safety dispatcher that someone at that address is speech impaired.
- ☐ **"CI" Cognitive Impairment:** Alerts the public safety dispatcher that someone at that address has some degree of cognitive disability such as a developmental disability, Alzheimer's disease or other form of dementia.
- ☐ **PLEASE REMOVE** any designation presently displayed.
- ☐ **PLEASE CHANGE** existing designators to those shown above.

NOTICE: By initiating this document I understand that I am responsible for notifying my 9-1-1 Municipal Coordinator of any changes with regard to the status of the above disability indicator(s). I further agree I will indemnify, defend and hold the Statewide Emergency Telecommunications Board (SETB), Verizon, my public safety dispatch location and municipality harmless from and against any claims, suits and proceedings (including attorney fees associated therewith) resulting from or arising out of the initial provision or updating of this information.

I understand this information will remain as part of my 9-1-1 record until such time as I notify my 9-1-1 Municipal Coordinator to change or delete the same.

Signed: _____ (customer) Date: _____

Signed: _____ (Municipal Coordinator) Date: _____